



# Bank Details Change Request

Please complete in capital letters

Merchant Number:

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Ticket Number:

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Merchant Name:

New Account Number:

Sort Code:

New Account Name:

If New Account Number different from Trading Name, state relationship:

Contact Name:

Contact Telephone Number:

I hereby confirm that I am authorised to sign on behalf of the company in relation to this request.

Authorised Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Position in Company (this must be one of the following: Director, Partner, Owner)

\_\_\_\_\_

Business Type:

Limited Company

Partnership

Sole Trader

Other (please specify)

## PLEASE NOTE:

We **CANNOT** change bank details **WITHOUT** the following:

1. Attached Direct Debit Mandate completed
2. A Voided Cheque
3. Photo ID – Copy of Passport/Driving Licence

Return Address:

**Document Management & Services  
Elavon Merchant Services  
PO Box 56  
Arklow Business Park  
Arklow  
Co. Wicklow, Ireland**

**Fax:**

**00 353 402 26745**

**E-mail:**

**pdfelavonteam@dataprodp.co.uk**

**Elavon Financial Services Limited**

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